



Gambling Treatment Follow-up Project

Participant Consent Instructions for Providers

1. Introduce the project to your new client. Feel free to use your own words to introduce clients to this important project or use the script below to guide your introduction:

“Our agency is participating in an exciting project that relies on client feedback to improve gambling treatment services across the state of Oregon. All gambling treatment clients in Oregon are being asked to share their experience with an independent Oregon based research team. Your participation would not only be used to help future clients, it also provides extra support for you in the form of a clinical researcher periodically checking in with you over a period of up to two years, including after you complete your time here.

Participation would entail completing periodic surveys over the phone over the course of two years to learn more about how helpful your treatment was and what could be done better. Consenting to participation will help improve problem gambling treatment for other Oregonians and you can opt out at any time and it will never affect the care you receive here with me.

There is some more information from the evaluation team here [provide the consent form], and you will notice they put a lot of emphasis on your privacy; not even I will know how you respond to the surveys. The information you provide will be used to improve problem gambling services for other Oregonians”.

2. Make sure the client checks one of the boxes on the top of page 2 of the consent form indicating their:
 Willing to Participate or Do NOT Want to Participate

3. If they consent to participate:

- a. Please ensure the remaining fields are completed.
- b. Encourage the participant to program our contact number into their phone to avoid our calls going to spam or ignoring unknown numbers.
 - i. Project contact name: Paige Reohr (*if client prefers to enter a name that cues them it is about the project, they can enter “PGS”, “Evaluator”, “Paige PGS”, etc.*)
 - ii. Project contact number: **503-270-3902** (*Note: This line is only used for the follow-up project*)
- c. Please complete the questions on the last page, which will help us ensure we connect the research participant ID to the correct PG Net ID.
- d. We recommend uploading a copy into the client’s chart as the form serves as client consent for you to release information (ROI) or you can choose to obtain a separate ROI.

4. Regardless of if the client indicated “Yes” or “No”, please fax the consent form to the evaluation team at **1-503-270-3980**.

If you do not have access to fax, you can send a copy of the completed consent form via your agency’s HIPAA-compliant email to ***PG_Tx_Evaluation@problemgamblingsolutions.com*** (make sure this is sent as a secure email).

Consent to Participate: Follow-Up Evaluation

In order to make sure that you and others get the best care possible, it is important to conduct service evaluations and better understand what factors are related to outcomes. By participating in this evaluation effort, you will be asked to provide information about your treatment experience, changes you may have made, and how you are doing in different areas of your life. The evaluation currently taking place is funded by the Oregon Health Authority and conducted by a team of clinically trained and independent researchers from Problem Gambling Solutions, Inc., who are based here in Oregon. We would like to invite you to participate in our follow-up evaluation because information based on your treatment and life experience is critical for improving programs across the state and furthering our understanding of change.

Above all, your privacy and trust are important. **All team members adhere to strict confidentiality measures**, meaning your name or other identifiable information are never shared with others; not even your counselor will receive identifiable information. The only instance in which confidentiality may be broken is under the circumstance that an imminent threat of someone's safety, including your own, is reported, in which case we will discuss with you steps we will take to help protect against harm to yourself or others. Protocols taken to ensure your privacy include secure file and data storage, verifying your identity when calling before disclosing the content of the call, and confirming you are in a private location where you feel comfortable providing information.

Consenting to participate in this longitudinal study means you are willing to speak with members of the research team a few times over the course of two years, beginning with an initial call shortly after consenting to participate and up to 12 months following the end of your treatment. Your continued involvement in the study allows the research team to better understand change processes over time. You will be asked questions about how you're doing, what you find helpful, and about any advice you have on how to better help others with gambling-related problems. Phone calls, or if you prefer video meetings, with a member of the research team will primarily take place through scheduling 10-minute appointments that are arranged through emails and text messages. Please note that your contact information is stored separately from any of the responses you provide during evaluation phone calls; the information provided below is solely used for contacting you about this project and is not shared with anyone outside of the evaluation team.

By consenting to participate in this project, you consent for your counselor to fax the completed form to our evaluation team and understand you will be contacted by a member of the evaluation team within one week to discuss the project with you in more detail, address any questions you have, and welcome you into the project. During your project participation, you can decline to answer any questions that may cause you discomfort and **you can opt out of the evaluation project at any time, and it will not affect the care you receive.**



The portion below is for the client to complete.

Please check one of the boxes below to indicate if you are willing to participate in the described follow-up evaluation effort to improve treatment in Oregon for those addressing gambling related issues.

Willing to Participate Do NOT Want to Participate

Name: _____

Signature: _____

Date: _____

If you consent to participation, please complete the following fields:

Cell phone number: _____ Email: _____

Is it okay to leave a voicemail with a callback number? (Circle) Y / N

Is it okay to send you text messages for setting appointments and providing reminders? (Circle) Y / N

Is it okay to send you email messages for setting appointments and providing reminders? (Circle) Y / N

Back up number (friend or family member we can contact in the event we do not receive responses from you over the course of two weeks or more)

Name: _____ Relationship: _____ Phone number: _____

Would you be willing to participate in future research on gambling related issues? (Circle) Y / N

If yes, we won't share your contact information. You would be giving us permission to contact you to make you aware of research opportunities and if you were interested, you would need to take the initiative to contact the researcher to learn more and potentially sign-up to participate in the project.

Portion below is for the provider to complete.

Agency name: _____

Client date of birth (MM/DD/YYYY): ____ / ____ / ____

Client ID# entered into PG Net: _____

Once complete, please fax this sheet to **1-503-270-3980**
or use secure email to send this sheet to: **PG_Tx_Evaluation@problemgamblingsolutions.com**